## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty  | pe Response   | s)               |  |   |         |                       |         |  |         |                     |   |   |   |  |   |                         |
|---|---|------------------|--|---|---------|-----------------------|---------|--|---------|---------------------|---|---|---|--|---|-------------------------|
| 1. Name and Address of Reporting Person *- Ang Hing         |   |                  |  | 2. Issuer Name and Ticker or Trading Symbol<br>Apollo Medical Holdings, Inc. [AMEH] |         |                       |         |  |         |                     |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |   |  |   |                         |
| (Last) (First) (Middle)<br>1668 S. GARFIELD AVE., 2ND FLOOR |   |                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2020                         |         |                       |         |  |         |                     |   | X Office  | er (give title bel<br>Chie  | ow) Operating (  | Other (specify b  | elow)                   |
| (Street)  |   |                  |  | 4. If Amendment, Date Original Filed(Month/Day/Year) 12/02/2019                     |         |                       |         |  |         |                     | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |   |                         |
|   | BRA, CA   |                  |  |   |         |                       |         |  |         |                     |   |   | a of more than  | . one reporting  | . 013011  |                         |
| (City   | ·)  | (State)          | (Zip)                                      |   | Ta      | ble I                 | - Non   | -Deriva  | ative S | ecurities .         | Acqui   | red, Disp   | osed of, or l   | Beneficially (   | Owned   |                         |
| 1.Title of Security<br>(Instr. 3)                           |   |                  | 2. Transaction<br>Date<br>(Month/Day/Year) |   | ate, if | if Code<br>(Instr. 8) |         | 4. Securities (A) or Dispos (Instr. 3, 4 and             |         | oisposed o          | of (D)  | Beneficia<br>Reported   | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)    |  | Ownership C<br>Form:                                      | Beneficial              |
|   |   |                  |  | (Month/Day  | /Year   |                       | ode     | VA   | mount   | (A) or (D)          | Price   | (Instr. 3 a   | ,   |  | or Indirect (I)   | Ownership<br>(Instr. 4) |
| Common  | Stock   |                  | 02/05/2020                                 |   |         | 1                     | (1)     |  | ,674    | · ` ´               |   | 37,593  |   |  | D   |                         |
|   |   |                  |  | Derivative Se   |         |                       | quire   | d, Disp  | osed o  | f, or Bene          | eficiall  | •   | OMB con   | trol numbe   | r.  |                         |
| 1. Title of   | 2   | 3. Transaction   |  | e.g., puts, cal   |         | irrani<br>5.          | ts, opt |  |         |                     | T   | tle and   | 8 Price of  | 9. Number o  | of 10.  | 11. Natur               |
|   | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date (Month/Day/ | Execution Dat                              | re, if Transaction Code (Instr. 8)  |         |                       |         | 6. Date Exercisable and Expiration Date (Month/Day/Year) |         | Amo<br>Undo<br>Secu | ount of<br>erlying<br>rities<br>r. 3 and  | Derivative<br>Security<br>(Instr. 5)  | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersl<br>Form of<br>Derivati<br>Security<br>Direct (l<br>or Indire | nip of Indirect<br>Beneficia<br>Ve Ownershi<br>(Instr. 4) |                         |
|   |   |                  |  | Code  | V       | (A)                   |         | Date<br>Exercis  |         | Expiration<br>Date  | Title   | or<br>Number<br>of<br>Shares  |   |  |   |                         |
| Renor   | ting ()   | wners            |  |   |         |                       |         |  |         |                     |   |   |   |  |   |                         |

| D (1 0 N /   | Relationships |              |                         |       |  |  |  |  |
|--|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address                                       | Director      | 10%<br>Owner | Officer                 | Other |  |  |  |  |
| Ang Hing<br>1668 S. GARFIELD AVE.<br>2ND FLOOR<br>ALHAMBRA, CA 91801 |               |              | Chief Operating Officer |       |  |  |  |  |

## **Signatures**

| /s/ by Hing Ang                 | 02/07/2020 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This Amendment reports the rescission on February 5, 2020 ab initio of the entire grant on November 27, 2019 of restricted shares of common stock of Apollo Medical Holdings, Inc. (the "Company") under the Company's 2015 Equity Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.